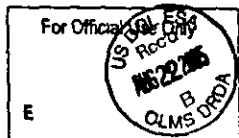


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>12454</u>	2 Fiscal Year Covered From <u>11/1/04</u> Through <u>12/31/04</u>
3 Name and address of person filing Name <u>JOHN T CUMER</u> P.O. Box Bldg Room No. if any <u>3130</u> Street <u>HABERLEIN RD</u> City <u>GIBSONIA -</u> State <u>PA</u> ZIP Code + 4 <u>15044 8259</u>	4 Name, file number, and address of labor organization Name <u>IUE LOCAL 66</u> Labor Organization File Number <u>534/965</u> P.O. Box Building and Room Number if any <u>300</u> Street <u>SECO RD</u> City <u>MANROSELILLE</u> State <u>PA</u> ZIP Code + 4 <u>15146-1422</u>
5 Position in labor organization <u>PRESIDENT LOCAL 66</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P.O. Box Bldg Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ 7 b Amount _____

Signature

16 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed John T Cumer

On 8-11-06
Date

724 443-3597
Telephone Number

Name of Person Filing <u>John T Cumer</u>	File Number <u>U</u>
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name PNC ADVISORS
Trade Name if any DUOE LOCAL 66
P O Box Bldg Room No if any TWO PNC PLAZA
Street 620 LIBERTY AVE
City Pgh
State PA ZIP Code + 4 15222

9 Business deals with

- ☐ a Labor Organization
☒ b Trust
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name DUOE LOCAL 66 PENSION FUND
Trade Name if any
P O Box Bldg Room No if any PO Box 17230
Street
City Pgh
State PA ZIP Code + 4 15235

11 a Nature of such dealing

PENSION

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

GOLF AND DINNER
7-28-04 LAUREL VALLEY

12 b Amount

418.18

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name
Trade Name if any
P O Box Bldg Room No if any
Street
City
State ZIP Code + 4

14 a Nature of payment

--

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

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Name of Person Filing <u>John T. Cuneo</u>	File Number <u>U</u>
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name High MARK
Trade Name if any
P O Box Bldg Room No if any PO Box 3355
Street
City Pgh
State PA ZIP Code + 4 15230-3355

9 Business deals with

- ☐ a Labor Organization
☒ b Trust
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name TRUST LOCAL 66 WELFARE FUND
Trade Name if any
P O Box Bldg Room No if any PO Box 17230
Street
City Pgh
State PA ZIP Code + 4 15235

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

GOLF Breakfast Lunch
Pgh Field Club
MAY 24, 2005

12 b Amount

287.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name
Trade Name if any
P O Box Bldg Room No if any
Street
City
State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment